2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2008
Secretary of State

DOCUMENT# N04162

Entity Name: SAVE A PET FLORIDA, INC.

Current Principal Place of Business:

1700 S OCEAN BLVD
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2444
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 59-2425726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERSON, GARY N
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BEACH LAKES BLVD STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MAXWELL, GERTRUDE	
Address:	1700 S. OCEAN BLVD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	VP	( ) Delete
Name:	ADKINS, DR. WILLIAM	
Address:	1530 39TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	D	( ) Delete
Name:	CASO, BART	
Address:	511 CYPRESS CROSSING	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	WELLS, KATHLEEN	
Address:	6248 ROBINSON STREET	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	SCHUMACHER, AMANDA	
Address:	1977 PORTAGE LANDING SOUTH	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP,D	(X) Change ( ) Addition
Name:	ADKINS, DR. WILLIAM	
Address:	1530 39TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S,TD	(X) Change ( ) Addition
Name:	WELLS, KATHLEEN	
Address:	6248 ROBINSON STREET	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	(X) Change ( ) Addition
Name:	MERCER, JOHN	
Address:	4573 HUNTING TR	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Change (X) Addition
Name:	CHRISTOPHER, COWART	
Address:	PO BOX 668787	
City-St-Zip:	POMPANO BEACH, FL 33066	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WELLS S,T 03/09/2008

Electronic Signature of Signing Officer or Director — Date